



**DEPARTMENT OF PUBLIC UTILITIES**  
**TRANSPORTATION OVERSIGHT DIVISION**  
ONE SOUTH STATION, BOSTON, MA 02110  
TELEPHONE NO. (617) 305-3559 FAX NO. (617) 478-2598

**THIS APPLICATION MUST BE ACCOMPANIED BY A FEE OF \$100.00**

**CERTIFICATE NO.** \_\_\_\_\_

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**APPLICATION FOR AUTHORITY TO TRANSPORT PASSENGERS OR PROPERTY FOR HIRE  
PURSUANT TO MASSACHUSETTS GENERAL LAWS - CHAPTERS 159A OR 159B, AS AMENDED**

**SECTION A - BACKGROUND INFORMATION**

A.1. \_\_\_\_\_  
(Full Name(s) of Applicant, Partners, or Corporation)

A.2. If doing business under a d/b/a, state the d/b/a below:

\_\_\_\_\_

A.3. Principal place of business (P.O. Box # not acceptable):

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City/Town, State, Zip Code)

A.4. Vehicle garaging point (P.O. Box # not acceptable):

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City/Town, State, Zip Code)

A.5. Mailing address (if different from A.3.):

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City/Town, State, Zip Code)

A.6. The name of the contact person who can answer inquiries regarding this application:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Tel. # - including area code)

A.7. Indicate if applicant or any of its principals presently holds a certificate or license from this Department. If so, state license number(s) \_\_\_\_\_

A.8. Indicate if applicant or any of its principals has ever had a certificate or license from this Department suspended or revoked. If so, state license number(s) \_\_\_\_\_

A.9. Indicate if applicant or any of its principals holds a license or certificate from any other state or federal regulatory agency. If so, identify:

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A.10. Indicate the type of business enterprise below and submit one copy of the required document with this application. The document should be identified as "Appendix A.10".

Type of Business	Document to be Submitted:
<input type="checkbox"/> An individual proprietorship	None
<input type="checkbox"/> An individual proprietorship operating under a d/b/a	A certified copy of the business certificate filed with the City/Town Clerk
<input type="checkbox"/> A partnership	A certified copy of the business certificate filed with the City/Town Clerk
<input type="checkbox"/> A corporation incorporated in the Commonwealth of Massachusetts	A certified copy of the articles of organization from the Massachusetts Secretary of State
<input type="checkbox"/> A foreign corporation incorporated under the laws of	A certified copy of foreign corporation approval to do business in Massachusetts from the Secretary of State and a certified copy of corporation papers from home state

\_\_\_\_\_  
(State)

A.11 If a **partnership**, list names and addresses of principal partners:

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

A.12.(a). If a **corporation**, list names, titles and addresses of officers:

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) If a **corporation**, list names and addresses of principal stockholders:

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## SECTION B - FITNESS

- B.1. Describe fully the transportation or other relevant work experience of applicant or its principals. (If necessary, attach additional sheets and identify as "appendix B.1. ").

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- B.2. Provide information on the financial condition of the applicant/company to conduct a business, i.e., **A current balance sheet or a copy of the applicant's most recent federal and state tax filing must be attached to this application and identified as "Appendix B.2".**

- B.3 (A) Has the applicant or any of its principals ever been convicted of a criminal offense?

☐ Yes    ☐ No

(B) Has any license or certificate issued to applicant or any of its principals ever been suspended or revoked by the United States Government, this State or any State or Territory?

☐ Yes    ☐ No

(C) Are there any charges or complaints now pending against applicant or any of its principals before any court, regulatory body or government agency?

☐ Yes    ☐ No

(D) If you answered yes to any of the above, please describe in detail below or on an attachment identified as "Appendix B.3.":

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- B.4. Describe each of the motor vehicles owned or to be leased and operated by applicant in the service proposed. (If necessary, attach additional sheets and identify as "Appendix B.4. ").

Year of Mfr.	Type of Vehicle	Name of Mfr.	Mfr.'s Rated Seating Capacity	Owned by	To be leased
				Applicant	by Applicant
				(Check One)	
_____	_____	_____	_____	[ ]	[ ]
_____	_____	_____	_____	[ ]	[ ]
_____	_____	_____	_____	[ ]	[ ]
_____	_____	_____	_____	[ ]	[ ]

### SECTION C - DESCRIPTION OF SERVICES

- C.1. Describe the service to be performed and the territory to be served. Attach additional sheets or maps to fully explain and identify as "Appendix C.1.".

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- C.2. Will the transportation service be open to the general public?

\_\_\_ Yes \_\_\_ No

**If No:**

Indicate the name(s) and addresses of the individual(s) or the organization(s) with whom the applicant will contract:

**Name**

**Address**

Name	Address
_____	_____
_____	_____
_____	_____

- C.3. Indicate how frequently the service will be provided (i.e., daily, weekly, summertime only, on demand, etc.):

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- C.4. Check below how fares or charges will be collected:

Sale of tickets or collection of individual fares [ ]  
Contract with a group at a fixed price per bus [ ]  
Any other method (specify below); [ ]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION D - CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (PASSENGER CARRIERS ONLY)

Section D is to be filled out **only** by applicants who are proposing to operate a service that would fit the classification of a "**regular route common carrier service**" for the transportation of **passengers only**. If you are not proposing to operate a service as defined below, indicate "Not Applicable" in the spaces provided.

A "**regular route common carrier service**" shall mean any route, or system of routes over which a motor bus or motor buses are regularly operated and which are under the ownership or control of an individual, company or corporation which is licensed to operate over the same.

- D.1. List below for each proposed route: The termini of each route and the names of all cities and towns included in each route. Describe each route in detail by highways or streets to be traversed. **A map, plan, or sketch of the proposed bus route or routes must be submitted with the application and identified as "Appendix D.1.A".**

Route 1 \_\_\_\_\_

Route 2 \_\_\_\_\_

(If necessary, attach sheets to describe additional routes and identify as "Appendix D.1.B").

- D.2. Every owner of a motor bus or motor buses to be operated on the public ways of the Commonwealth of Massachusetts shall conform to the law by obtaining municipal street licenses from the licensing authorities of each city and town in which said bus or buses are to be operated. **Copies of each municipal street license obtained from the Cities and/or Towns in which the applicant intends to operate must be submitted with the application and identified as "Appendix D.2."**
- D.3. A schedule of proposed fares should be appended to the application and identified as "Appendix D.3."

## SECTION E - OTHER INFORMATION

- E.1. The transportation services proposed to be provided by this application are presently being provided by the following carriers (if none, so state):

**Carrier Name**

**Carrier Address**

_____	_____
_____	_____
_____	_____

- E.2 Applicant may submit additional facts in support of this application. (If necessary, attach additional sheets and identify as "Appendix E.2.").

**SECTION F - VERIFICATION**

F.1. Dated at \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_

I hereby certify that the statements contained in this application herein made are full, just and true to the best of my knowledge and belief. This statement is made under the penalties of perjury.

**NAME** \_\_\_\_\_  
(sign)

**TITLE** \_\_\_\_\_  
Applicant, Partner, Corporate Officer

F.2. Pursuant to G.L. c. 62C, § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Social Security Number or Federal Identification  
Number

\_\_\_\_\_  
Signature of Applicant or (print) Corporate Name

\_\_\_\_\_  
Signature of Corporate Officer (if applicable)

F.3. If application is executed **OUTSIDE** the Commonwealth of Massachusetts, the form below must be executed.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)